



Wisconsin Department of Agriculture, Trade and Consumer
Protection Division of Agricultural Development
2811 Agriculture Drive, P O Box 8911
Madison, Wisconsin 53708-8911
phone 608-224-5116
<http://www.datcp.state.wi.us>

FOR OFFICE USE ONLY

Date Received:

2018 Cultivated Ginseng Dealer Registration and Shipment Certificate Application

Section 1

☐ (Check this box if you are a NEW applicant)

Make address corrections here:

Business Name: _____

Email: _____

Business Address: _____

Phone: _____ Fax: _____

City/State/Zip: _____

Contact Person: _____

BUSINESS OPERATED BY (check one)

☐ Individual ☐ Partnership ☐ Corporation ☐ Cooperative ☐ LLC ☐ Trust ☐ Other

 State of formation: _____
(If corporation or LLC)

Section 2

Cultivated Ginseng Shipment Certificates

Fill in the number of shipment certificates you are requesting: _____

_____ x \$15.00 = \$ _____

Check the type of shipment certificate you are requesting: NOTE: If no boxes are checked, you will receive a Cultivated Dry Root Certificate.

☐ Cultivated Dry Root - Includes Woods-Grown and Fibers
 ☐ Fresh/Green Root
 ☐ Live Root or Seed
 ☐ Retail Shipping Certificate (yearly)

Section 3

Annual Ginseng Dealer Registration

Annual Registration Fee BEFORE 01/02/18

+ \$25.00

Annual Registration Fee AFTER 01/02/18

OR + \$30.00

Total from Section 2 above

+ _____

Please calculate the TOTAL from Sections 2 and 3

= \$ _____

Dealers: One shipment certificate is required for each sale or shipment of ginseng. Shipment certificates are valid during the year in which you are registered. Registration fees need only be paid once per calendar year. All applicants must sign and date below.

Section 4 OUT OF STATE GINSENG DEALERS- Please list Wisconsin Agent(s) or Buyers employed by your firm:

NAME			NAME		
ADDRESS			ADDRESS		
CITY	STATE	ZIP	CITY	STATE	ZIP
TELEPHONE NUMBER	FAX NUMBER		TELEPHONE NUMBER	FAX NUMBER	

By signing below, I certify that I will comply with all State and Federal laws pertaining to the harvest, purchase, sale, transfer and export of ginseng out of the state of Wisconsin.

Date	Type/Print Applicant's Name and Title	Signature of Applicant
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Mail Check and application to: DATCP, BOX 93193, MILWAUKEE WI 53293-0193

Personal information you provide may be used for purposes other than that for which it was originally collected (sec. 15.04(1)(m), Wis. Stats.).

This institution is an equal opportunity employer